

Case Number:	CM15-0033174		
Date Assigned:	02/26/2015	Date of Injury:	05/18/2014
Decision Date:	04/07/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male, who sustained an industrial injury on 5/18/2014. The diagnoses have included lumbar disc displacement without myelopathy, cervical disc degeneration, lumbosacral spondylosis, lumbago, closed fracture of lumbar vertebra without spinal cord injury, displacement of cervical intervertebral disc without myelopathy and cervical spondylosis. Treatment to date has included lumbar facet injection and medication. According to the progress note dated 2/4/2015, the injured worker was recovering from shoulder surgery. He noted 100% improvement after his lower, lumbar facet injections. A couple of months later, the back pain returned. He had tenderness over the facet joints. It was noted that magnetic resonance imaging (MRI) results showed mild annular disc bulging at L2/3 and L4/5. Authorization was requested for bilateral L4/5 and L5/S1 facet joint rhizotomy procedures. On 2/12/2015, Utilization Review (UR) non-certified a request for outpatient bilateral L4-L5 and L5-S1 facet joint rhizotomy. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient bilateral L4-L5 and L5-S1 facet joint rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG, Low Back section, Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS ACOEM Guidelines state that there is good quality evidence that neurotomy of facet joints in the cervical spine is effective, however, similar evidence does not exist for the same procedure on the lumbar spine, and they tend to produce variable results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG supplies a more complete criteria list for justifying a lumbar facet joint radiofrequency neurotomy: 1. Diagnosis of facet joint pain (via medial branch block), 2. No more than 3 procedures performed in a given year, 3. Documented improvement in pain (>50% for at least 12 weeks) if repeat procedure is requested, 4. No more than 2 joint levels at a time, 5. If two areas need the procedure than space them by at least 1-2 weeks, and 6. Evidence of a formal plan of additional conservative care to be used in addition to the procedure. In the case of this worker, although there was a reported benefit of a previous lumbar facet injection, the criteria for rhizotomy was not met. The duration of effect did not last the required 12 weeks, according to the documentation. Therefore, the request for "outpatient bilateral L4-L5 and L5-S1 facet joint rhizotomy" will be considered medically unnecessary.